



Town of Carlisle
Building Department
(978) 369-6689

Building Permit Application

Building Department Use Only

Fee: \$ _____ ☐ Cash ☐ Check Permit Number: _____

Date Accepted: _____ Accepted By: _____

Approved for issuance: _____

_____ Date

_____ Building Inspector

☐ Plans submitted or ☐ Plans not required

This application must be completed *in full* at the time of submittal. It is the responsibility of the applicant to provide all necessary information required by this form. Please type or print neatly.

1 LOCATION

No.	Street	Lot No.	Map	Parcel
	Name	Address	Telephone	
Owner(s)	_____			
Tenant	_____			
Contractor	_____		Const. Lic. #	_____
	Address		Tele:	_____
Architect	_____		MA Reg.	_____
Engineer	_____		MA Reg.	_____
Other	_____			

2 VALUE

Estimated construction value : \$ _____ (See Part 6)

3 DESCRIPTION OF PROPOSED WORK

☐ New Building ☐ Addition ☐ Alteration ☐ Repair ☐ Pool ☐ Deck ☐ Demolition
☐ Roofing ☐ Siding ☐ Change in Use/Occupancy ☐ Other:

Will proposed construction affect the building footprint? ☐ Yes ☐ No. If yes, plot plan is required.

Provide a complete description of work, do not state "see attached plans".

4 ZONING INFORMATION

Zoning District:_____ Lot Area:_____ Lot Frontage:_____

Present Use:_____ Proposed Use:_____

<u>Setbacks</u>	Front	L.Side	R.Side	Rear	Stories	Height	No.Bedrms
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Existing	_____	_____	_____	_____	_____	_____	_____
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Proposed	_____	_____	_____	_____	_____	_____	_____
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- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Lot presently conforming to Zoning Bylaw requirements. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Planning Board Subdivision Approval required.* |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Lot presently nonconforming and approval required by the Board of Appeals.* |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Board of Health Title 5 approval required.* |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Lot located within the Historic District.* |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Lot located within the Flood Plain Conservancy District.* |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Proposed work located within the Wetland/Flood Hazard District.* |

**If yes, then additional approvals required prior to a Building Dept. review of this application.*

5 ADDITIONAL ASPECTS OF THIS WORK

Electrical	<input type="checkbox"/> Yes <input type="checkbox"/> No	Private Water	<input type="checkbox"/> Yes <input type="checkbox"/> No
Plumbing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Detection	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas	<input type="checkbox"/> Yes <input type="checkbox"/> No	Increase # of Bedrooms	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mechanical (HVAC)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Septic System	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heating	<input type="checkbox"/> Yes <input type="checkbox"/> No	Oil Storage	<input type="checkbox"/> Yes <input type="checkbox"/> No
Curb Cut	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sign(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No

NOTE: For each yes box checked, additional permits or approvals are required.

For new buildings: Is there potable water available for this site? ☐ N/A ☐ Yes ☐ No

In accordance with the requirements of MGL C40 §54 and MGL C111 §150A please supply the following information relative to solid waste disposal in connection with this project:

Waste Disposal Company:_____ Tele:_____

Disposal Site Location:_____

6 PROPOSED FLOOR AREAS & ESTIMATED CONSTRUCTION COST

New buildings & additions	_____ ft ² x	125.00	\$/ft ² =
Alteration	_____ ft ² x	75.00	\$/ft ² =
Unfinished basements	_____ ft ² x	75.00	\$/ft ² =
Garages & barns	_____ ft ² x	75.00	\$/ft ² =
Unfinished area over garage	_____ ft ² x	75.00	\$/ft ² =
Finish an existing basement	_____ ft ² x	75.00	\$/ft ² =
Finish an area over garage	_____ ft ² x	75.00	\$/ft ² =
Deck	_____ ft ² x	75.00	\$/ft ² =

Total construction value: \$_____ (Insert on line 2, pg.1)

Multiply square footage by square foot costs, total them all and then multiply total construction value by \$9.00 per \$1,000 (.009 x total construction value) to determine your fee, (Residential only). Minimum \$250 permit fee.

Single porch, sheds, pool, or single greenhouse: \$250.00 permit fee per any

Roof: \$50.00 permit fee

Wood stoves: \$30.00 permit fee

7 LOT COVERAGE ANALYSIS

Total Building(s) Area (ft ²)	Total Lot Area (ft ²)	Total Lot Area Coverage (%)

8 HOME IMPROVEMENT CONTRACTOR LAW: AFFIDAVIT

MGL C142A requires that the "reconstruction, alteration, renovation, repair, modernization, conversion, improvement, removal, demolition or construction of an addition to any pre-existing owner-occupied building containing at least one but not more than four dwelling units... or to structures which are adjacent to such residence or building" be done by registered contractors, with certain exceptions, along with other requirements.

I hereby certify that registration is not required for the following reason(s):

- ☐ Owner securing own permit (i.e. homeowner permit)
- ☐ Work excluded by law ☐ Construction cost under \$1,000.00
- ☐ Building not owner occupied ☐ Other (specify):

Signed under the penalties of perjury, I hereby apply for a permit as the agent for the owner;

Contractor Name (print)

Contractor Signature

Registration No.

Homeowner Waiver:

Owners securing their own permit or dealing with unregistered contractors for applicable home improvement work do not have access to the arbitration program or guaranty fund under MGL C142A. If you wish to waive your rights to file a claim under the arbitration program or guaranty fund, then sign here. Otherwise, have the contractor complete the information above.

Owner Name (print)

Owner Signature

9

WORKERS' COMPENSATION INSURANCE AFFIDAVIT

I do hereby certify, under the pains and penalties of perjury, that:
(please check one of the following (A-D) which best applies to you)

- A) ☐ I am an employer providing the following workers' compensation coverage for my employees on this job; OR
- B) ☐ I am a sole proprietor, general contractor or homeowner (circle one) and have hired the contractors listed below who have the following workers' compensation insurance policies:

Name of Contractor

Insurance Company/Policy No.

Name of Contractor

Insurance Company/Policy No.

- C) ☐ I am a sole proprietor and have no one working for me.
- D) ☐ I am a homeowner performing all the work myself.

NOTE: Please be aware that while homeowners who employ persons to do maintenance, construction or repair work on a dwelling of not more than three units in which the homeowner also resides or on grounds appurtenant thereto are not generally considered to be employers under the Workers' Compensation Act (MGL C152 §1(5)), application by a homeowner for a license or permit may evidence the legal status of an employer under the Workers' Compensation Act.

I understand that a copy of this statement will be forwarded to the Department of Industrial Accidents' Office of Insurance for coverage verification and that failure to secure coverage as required under Section 25A of MGL C152 can lead to the imposition of criminal penalties consisting of a fine of up to \$1,500.00 and/or imprisonment of up to one year and civil penalties in the form of a Stop Work Order and a fine of \$100.00 a day against me.

Permit applicant (print)

Signature

Date

10

AUTHORIZED AGENT

I, _____, as Owner of the subject property hereby authorize _____ to act on my behalf, in all matters relative to work authorized by this building permit application.

Signature of Owner

Date

11

CERTIFICATION (Please read before signing)

The undersigned hereby certifies that he/she has read and examined this application and that the proposed work is accurately represented in the statements made in this application and that the work shall be executed in accordance with the Mass State Building Code, Carlisle Bylaws and all other applicable laws and ordinances in effect on the date of issuance as provided for in MGL Chapter 40A, Section 6.

Signatures: _____

Owner/Authorized Agent

Date